



APPLICATION FOR ASSISTANCE

The Scituate Food Pantry provides assistance to all Scituate residents who are in financial need. Evidence of residency and need will be required at the time of initial application and on a periodic basis after acceptance. Some of the information requested below is necessary for the Pantry to remain eligible for aid from private and governmental agencies. *No personal information will be shared with those or any other agency.*

Primary Contact Information:

| | | |
|---------------------|---|--|
| Name: | DOB: / / | Vetern: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Street Address: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary | |
| Home Phone: | Mobile Phone: | |
| Email: | Marital Status: | |
| Nationality / Race: | | |

Other Household Member Information:

| Name: | Relationship to Primary Contact | Date of Birth |
|-------|---------------------------------|---------------|
| | | / / |
| | | / / |
| | | / / |
| | | / / |
| | | / / |

If more members of household, list on the back of sheet.

Proof of Scituate Residency:

- Driver's License Property Tax Statement Rental Agreement or Rent Receipt
- Other: _____

Proof of Financial Need:

Eligible for (must provide evidence): Public Housing Medicaid SNAP Food Stamps

Or complete the following:

| Monthly Income | | Monthly Expenses | |
|-------------------|----|---|----|
| Work Income: | \$ | Rent / Mortgage: | \$ |
| Social Security: | \$ | Utilities (<i>Heat, Electric, Water, Phone, Cable</i>): | \$ |
| Pension / 401(k): | \$ | Medical (inc. premiums) | \$ |
| Other Income: | \$ | Property/Car Insurance: | \$ |
| | | Other Expenses: | \$ |

By submitting this application, I hereby certify that:

1. The information I have provided in this application is true and accurate
2. I am a legal resident of Scituate, and
3. I need the assistance of the Scituate Food Pantry.

Applicant Signature: _____ Date: _____